

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/529791

FILING DATE

APPLICANT(S)

3/30/05 10/25/05 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5		2		2		2
6		2		2		2
7		1		1		1
8		1		1		1
9		1		1		1
10	1				1	
11		1		1		1
12		1		1		1
13		1		1		1
14		2		2		2
15		2		2		2
16		1		1		1
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←	2	←	2	←	2
TOTAL CLAIMS		18		18		20

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	↓		↓		↓	
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

BEST AVAILABLE COPY